



2010 COTA APPLICATION OF PARTICIPATION

Student Information

Full Name:			
Address: First		Last	
Street		Apartment/Unit #	
Home Phone: ()	City	State	Zip
Alternate Phone: ()			
Email Address:			
Date of Birth:			
Name of School:			
Grade Level (2010-11):			
COTA Interest: Dance ____ Music ____ Visual Arts ____ Theater ____			
Number each category from 1 to 4 with 1 being the most interesting			

Parent Information

Parent's/Guardian's Name:			
First		Last	
Work Phone: ()	Cell Phone: ()		
Emergency Phone: ()			
Email Address:			
Is your family interested in a CPAC Membership Yes <input type="checkbox"/> No <input type="checkbox"/>			

Medical Information

Emergency Contact:	
Relationship:	
Phone: ()	
Hospital/Clinic Preference:	
Physician's Name:	
Allergies/Special Health Considerations:	



Signatures

Student's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____

Enrollment

\$150.00 per session per child (two weeks in length)

Session One: Classes are from June 14th – 18th, and June 21st – 25th with performance on June 26th.

Session Two: Classes are from July 12th – 16th, and July 19th – 23rd with performance on July 24th.

Each session is open to students going into 3rd through 8th grade from 8:00 AM until 12:00 PM, Monday through Friday.

My child is applying for which Session: (please circle)

One

Two

Payment

I'm enclosing a Check for \$ _____

Check # _____

I'm paying with a Credit Card: (please circle)

VISA

MASTERCARD

AMEX

DISCOVER

Amount: \$ _____

Card Number: _____

Expiration Date: _____

Name on the Card: _____

SIGNATURE: _____